

**AUTHORIZATION FOR USE OF HYDRANT WATER METER**  
**City of Santa Clara Water & Sewer Utilities**  
**Phone:(408) 615-2000 FAX (408)247-0784**

\_\_\_\_\_ requests authorization to use a portable hydrant  
(Responsible Party's Name)  
water meter.

Type of Work to be Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will water used be discharged into sanitary sewer system? Yes \_\_\_\_ No \_\_\_\_

Will the supply hose leading from the hydrant to the site be physically connected to construction equipment and/or batching plants? No \_\_\_\_ Yes \_\_\_\_ (The appropriate sewer use charge will be assessed for water discharged into the sanitary sewer.)

Dates of Work	Location of Work
_____	_____
_____	_____

**Responsible Party must keep a legible copy of this form with the portable hydrant meter.**

**Responsible Party must return this portable hydrant meter to the Water Department at 1705 Martin Avenue upon completion of Work stated above.**

\*\* Signed: \_\_\_\_\_  
(Responsible Party's or Representative's Signature) PLEASE PRINT NAME

Responsible Party's Billing Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax I.D. or Responsible Party Driver's License # \_\_\_\_\_

Responsible Party's Phone Number: \_\_\_\_\_

Site Supervisor's Cell Or Pager Number: \_\_\_\_\_

\*\*\*\*\*

**FOR CASHIER'S USE ONLY:**

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_ Cashier's Initials: \_\_\_\_\_

Transferred Date: \_\_\_\_\_

\*\*\*\*\*

Backflow Prevention Needed: YES \_\_\_\_ NO \_\_\_\_ REVIEWED BY: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

Robin G. Saunders  
Director of Water & Sewer Utilities

\*\* By signing this application, the applicant acknowledges receipt of a copy of the "General Information on Water from Fire Hydrants" and accepts the conditions thereof.

FORM DISTRIBUTION: WHITE - Water City Hall, YELLOW - Utility Services Cashier, PINK - Meter Shop, GOLDENROD -Responsible Party